

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MW		04-19-01
O.I.P.E. CLASSIFIER		12/	5/3
FORMALITY REVIEW	H.S	866	05-14-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	1/2/02
2	1/2/02
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Claim	Date
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If more than 150 claims or 10 actions  
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AL  
5/14